

**DISTRICT OF COLUMBIA**

**LEAD-BASED PAINT MANAGEMENT PROGRAM**

**APPLICATION BOOKLET**

**FOR**

**CERTIFICATION**

**OF**

**INDIVIDUALS AND BUSINESS ENTITIES**

**TO CONDUCT LEAD-BASED PAINT ACTIVITIES**

**August 2005**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

**Environmental Health Administration**



Lead-Based Paint Management Program

Bureau of Hazardous Material  
and Toxic Substances

August 25, 2005

Dear Certification Applicant:

The Lead-Based Paint Abatement and Control Amendment Act of 2004, effective April 12, 2005 (D.C. Law 15-347; 52 DCR 2627 (2005) (to be codified in D.C. Official Code §§ 8-115.01 to 8-115.14)), made major changes in the District's lead laws.

All individuals and business entities, including government agencies and employees, conducting lead-based paint abatement; risk assessment and inspection of lead-based paint hazards, lead-contaminated dust, and lead-contaminated soil; or planning, project designing, and supervision of lead-based paint activities in the District must be certified in compliance with the District's Lead-Based Paint Abatement and Control Act, which establishes work practice standards for conducting lead-based paint activities in the District.

The District of Columbia Lead-Based Paint Management Program certifies individuals in the following disciplines: Inspectors, Risk Assessors, Supervisors, Project Designers and Abatement Workers, as well as Business Entities. Payment in full of the associated certification fees must be sent along with the application and required supporting materials. Application fees are **NON-REFUNDABLE**. Applications should be submitted to:

D.C. Department of Health  
Environmental Health Administration  
Lead-Based Paint Management Program  
51 N Street, N.E., 3<sup>rd</sup> Floor  
Washington, D.C. 20002  
Attn: Ms. Denise Newton

Enforcement action will be taken to the fullest extent of the law for businesses and individuals who fail to comply with the lead training and certification requirements of the District's Lead-Based Paint Management Program.

A copy of the District's Lead-Based Paint Management Program Application Booklet for Individuals and Business Entities, including application forms, is enclosed for your information and use. Should you have any questions, please do not hesitate to contact this office at (202) 535-1934 between the hours of 8:30 a.m. to 4:30 p.m., Monday through Friday (except holidays), or contact our LEAD HOTLINE on 1-877-338-0364. We look forward to working with you.

Sincerely,

Robert Hamilton, Ph.D.  
Interim Program Manager  
Lead-Based Paint Management Program  
Enclosure

# DISTRICT OF COLUMBIA ACCREDITATION, CERTIFICATION, TESTING, NOTIFICATION, AND PERMITTING REQUIREMENTS

Rev. June 2005

LEAD ABATEMENT TRAINING COURSE HOURS		
		COMMENTS
Inspector (hands-on)	24 hours 8 hours	Certification Fee: \$300 per two years
Risk Assessor (hands-on)	16 hours 4 hours (Inspector + 16 hours)	Certification Fee: \$300 per two years
Supervisor (hands-on)	32 hours 8 hours	Certification Fee: \$300 per two years
Project Designer (hands-on)	8 (Supervisor + 8 hours)	Certification Fee: \$300 per two years
Worker (hands-on)	16 hours 8 hours	Certification Fee: \$60 per two years
THIRD PARTY EXAMINATION		
Inspector	Yes	Passing scores of 70 or better are required.
Supervisor	Yes	Passing scores of 70 or better are required.
Risk Assessor	Yes	Passing scores of 70 or better are required.
Project Designer	No	Third party exam is not required.
Worker	No	Third party exam is not required.
PHOTO ID'S FOR CERTIFICATION		
Individual Disciplines	Yes	Photos are taken at time of in person application unless permission is granted for nonstandard application.
Business Entity: (Contractor/Consultant)	No	Certification Fee: \$300 per year
INSURANCE LIABILITY		
Risk Assessor	Yes	Required.
Business Entity	Yes	Required at permitting for contractors and at certification for consultants and firms and if performing clearance testing.
NOTIFICATION AND PERMITTING		
Notification /Permit Application	At least seven (7) business days before starting work.	Permit fee: \$40 plus 3% of abatement costs.
DEFINITION OF LEAD-BASED PAINT & FREQUENTLY ASKED QUESTIONS		
Definition of "lead-based paint"	Any paint or surface coating containing lead or lead in its compounds in any quantity exceeding 0.5% of the total weight of the material or more than seven-tenths of a milligram per square centimeter (0.7 mg/cm <sup>2</sup> ).	
Clearance Levels	Lead in dust: 40 µg/ft <sup>2</sup> for floors, 250µg/ft <sup>2</sup> for interior window sills, and 400 µg/ft <sup>2</sup> for window troughs.  Soil hazard levels: 400 ppm or greater in play areas; 1200 ppm in the rest of the yard (non play areas).	
For individual disciplines, must an applicant seeking reciprocity from another EPA Region III State take a Refresher Course from a D.C. Accredited Training Provider in order to get certified in D.C.?	Yes. If applicant has not received training from a D.C. accredited provider, then a D.C. refresher course will be required.	
For the individual disciplines, inspector, supervisor, & risk assessor, must an applicant certified from another EPA Region III State take a 3 <sup>rd</sup> Party Exam from a District of Columbia Exam Provider as part of getting certified in D.C.?	Yes. The two-part discipline exam and the D.C. specific exam are required. If it is determined that an applicant's initial exam is equivalent to D.C.'s core exam, then only the D.C. specific exam would be required.	



## APPLICATION INSTRUCTIONS FOR LEAD-BASED PAINT CERTIFICATION - INDIVIDUAL DISCIPLINES

PLEASE READ THE INSTRUCTIONS, STATUTE, REGULATIONS, AND APPLICATION CAREFULLY BEFORE COMPLETING THE APPLICATION FORMS

### APPLICATION STATUS

1. Identify application status and include certification and expiration date where appropriate

### CERTIFICATION REQUESTED

2. Indicate desired certification

### PERSONAL INFORMATION

3. Print or Type last name, first name, and middle initial
4. Print or Type your street number and street name
5. Print or Type the city, state, zip code, and home telephone number
6. Complete your date of birth, sex, height, and social security number

### EMPLOYMENT INFORMATION

7. Print or Type your present employer's name (the company you work for)
8. Print or Type employer's city, state, zip code, business and fax number, and e-mail address
9. Print or Type immediate supervisor's name, phone number, your position, and a description of your duties.

### APPLICANT'S TRAINING INFORMATION

10. Print or type training provider's name
11. Print or Type Training Provider's D.C. Accreditation Number
12. Print or Type Course Name
13. Print or Type Course Date
14. Print or Type Course Location
15. Print or Type your training card/certificate number issued by the Training Provider
16. Print or Type the training card expiration date of your card/certificate

### THIRD PARTY EXAM

17. Print or Type the name of the exam
18. Print or Type date of the exam
19. Print or Type exam location
20. Print or Type result and attach copies of exam results

### XRF EQUIPMENT

21. Indicate whether you use XRF equipment in your work, and if so, attach a copy of the Radioactive Certificate(s) issued by the District for the equipment

### ENFORCEMENT ACTIONS

Please read Enforcement Actions section and provide a statement, if applicable, as to any enforcement actions that may have been taken against you with respect to lead-based paint compliance.

### AFFIDAVIT

Please read affidavit, sign application, and insert today's date

### RELEVANT WORK EXPERIENCE

Fill in and sign section A, then give the form to someone familiar with your lead-based paint work that has agreed to act as a reference for you. Once completed, ask them to sign the form, give it to you and return it with the completed package.

**Contractor's Only: Complete and sign the Business Entity Certification Form.**

**Risk Assessors and Project Designers: Complete Certification of Education Form.**

**Risk Assessors must submit proof of current liability insurance.**

**All applicants must complete and sign the Clean Hands Self-Certification Form.**

**Please remember applications must be complete. Incomplete applications will be returned to the applicant. Fees are NON-REFUNDABLE. Make check or money order payable to The D.C. Treasurer.**

**IDENTIFICATION:** Positive proof of identification must be presented at time of application.

### MAILING INSTRUCTIONS

Be sure to enclose photocopies of the exam results, course(s) completion certificate, and a valid lead license issued by another state if applying for reciprocity. If unable to appear in person to be photographed, you must request prior approval to submit three (3) color passport size photos of yourself taken against a white background with your face being not less than three-quarters of an inch wide. The photographs must be clear front view, full face and without a hat or glasses. Clearly print your name on the back of the photos. Request approval to submit photographs from the permitting and certification clerk, (202) 535-1934.

Mail completed package to:

Department of Health  
Environmental Health Administration  
Lead-Based Paint Management Program  
51 N Street, N.E., 3rd Floor  
Washington, D.C. 20002  
Attention: Ms. Denise Newton, Permitting & Certification Clerk

All questions should be directed to the Lead-Based Paint Management Program on (202) 535-1934, or call the Lead Hotline at 1-877-338-0364.



Government of the District of Columbia  
Department of Health – Environmental Health Administration  
Bureau of Hazardous Material and Toxic Substances  
Lead-Based Paint Management Program  
51 N Street, N.E., 3<sup>rd</sup> Floor, Washington, D.C. 20002  
202-535-1934

APPLICATION FOR LEAD-BASED PAINT CERTIFICATION – INDIVIDUAL DISCIPLINES

<b>FOR OFFICE USE ONLY:</b> Amount	LBPMP Interim Certification # _____	Exp. Date _____
Date Received _____	LBPMP Full Certification # _____	Exp. Date _____
Received \$ _____	LBPMP Renewal Certification # _____	Exp. Date _____
Check Number _____	LBPMP Gov't. Empl. Certification # _____	Exp. Date _____
Fee Waived <input type="checkbox"/> (government employee)	Supervisor's Initial _____	
Authorized Signature and Date Processed _____		

APPLICATION STATUS (Check only one)

1. NEW/INITIAL APPLICATION ☐

RENEWAL ☐

RECIPROCITY REQUEST ☐

REPLACEMENT ☐

D.C. Certification No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_

State of current license: \_\_\_\_\_  
Certification/license No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_

CERTIFICATION REQUESTED (Check the type wanted. Use a separate application if more than one type is requested.)

- |    |   |                             |  |                             |                                      |
|----|---|-----------------------------|--|-----------------------------|--------------------------------------|
| 2. | INDIVIDUAL                                | INITIAL/RENEWAL/RECIPROCITY | INDIVIDUAL   | INITIAL/RENEWAL/RECIPROCITY | * Experience &/or education required |
|    | <input type="checkbox"/> Inspector ***    | \$300.00/2 Years            | <input type="checkbox"/> Project Designer *  | \$300.00/2 Years            | **Experience & Exam required         |
|    | <input type="checkbox"/> Supervisor **    | \$300.00/2Years             | <input type="checkbox"/> Risk Assessor **  | \$300.00/2 Years            | ***Exam required                     |
|    | <input type="checkbox"/> Abatement Worker | \$ 60.00/2Years             |  |                             |                                      |
|    | Returned check fee:                       | \$65.00                     | <u>All</u> Risk Assessors must provide evidence of personal liability insurance <input type="checkbox"/> |                             |                                      |

PERSONAL INFORMATION

or of company liability insurance ☐

3. NAME: \_\_\_\_\_ 4. MAILING ADDRESS: \_\_\_\_\_  
Last First MI Street

5. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE NUMBER: ( ) \_\_\_\_\_

6. DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: FT. \_\_\_\_/IN. \_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYMENT INFORMATION (Attach additional sheets if needed)

7. EMPLOYER'S NAME: \_\_\_\_\_ 8. MAILING ADDRESS: \_\_\_\_\_  
City State Zip Street  
TELEPHONE NUMBER: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

9. YOUR POSITION: \_\_\_\_\_ 10. DESCRIPTION OF YOUR DUTIES \_\_\_\_\_

**PAGE 2**  
**APPLICATION FOR LEAD-BASED PAINT CERTIFICATION– INDIVIDUAL DISCIPLINES**

**11. SUPERVISOR:** \_\_\_\_\_ **SUPERVISOR'S PHONE NUMBER: (    )** \_\_\_\_\_

**SUPERVISOR'S EMAIL ADDRESS:** \_\_\_\_\_

**APPLICANT'S TRAINING INFORMATION** (attach copies of training certificates)

**12. TRAINING PROVIDER'S NAME** \_\_\_\_\_ **13. TRAINING PROVIDER'S DC ACCREDITATION NUMBER:** \_\_\_\_\_

**14. COURSE NAME:** \_\_\_\_\_ **15. COURSE DATES:** \_\_\_\_\_ **16. COURSE LOCATION:** \_\_\_\_\_

(Attach additional pages as needed)

**17. TRAINING CARD/CERTIFICATE NUMBER:** \_\_\_\_\_ **18. TRAINING CERTIFICATE DATE:** \_\_\_\_\_ **19. TRAINING EXPIRATION DATE:** \_\_\_\_\_

(Attach additional pages as needed)

**THIRD PARTY EXAM** (attach copies of exam results)

**20. NAME OF EXAM:** \_\_\_\_\_ **21. DATE:** \_\_\_\_\_ **22. EXAM LOCATION:** \_\_\_\_\_ **23. EXAM RESULTS/SCORE:** \_\_\_\_\_

**EXAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **EXAM LOCATION:** \_\_\_\_\_ **EXAM RESULTS/SCORE:** \_\_\_\_\_

**24. Please attach a copy of the D.C. Radioactive Material Certificate issued for any XRF equipment used in your work (contact the Radiation Protection Division at (202) 535-2320 for further information or registration requirements). Please indicate N/A if not applicable** \_\_\_\_\_.

**ENFORCEMENT ACTIONS**

Has any federal, state or local jurisdiction ever revoked, suspended, modified, or proposed to revoke or suspend, or modified any relevant permit, license, certification, or approval you have held or currently hold, or has any penalty action or fine been assessed against you for failure to comply with the laws and regulations pertaining to lead-based paint?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to the above question, you **MUST** provide a detailed statement to fully explain the circumstances. The statement must then be attached to this application.

**CLEAN HANDS SELF-CERTIFICATION:** Please complete and sign the self-certification form and attach it to this application

**PAGE 3**  
**APPLICATION FOR LEAD-BASED PAINT CERTIFICATION– INDIVIDUAL DISCIPLINES**

**AFFIDAVIT**

The information that I have provided in this “Application for Lead-Based Paint Accreditation” is true, accurate, and complete to the best of my knowledge. I understand that my application is subject to verification, and I agree to provide any additional documentation required to review that application. I also understand that outside sources may be contacted for purposes of verifying the information contained in this application, and I hereby give permission for the disclosure of any information that may be needed to determine the validity of the information that I have provided and/or to determine to eligibility for the certification sought. I understand that failure to provide full disclosure of any requested information that may be needed to determine the validity of this application or eligibility for certification may result in the rejection of this application. I also understand that completion of this application does not guarantee lead-based paint certification in the District of Columbia.

Further, I understand that if the Department finds that I have made a false statement or misrepresentation material to the issuance, modification, or renewal of a certification, the Department may, after notice and opportunity for hearing, suspend, revoke, modify, or refuse to issue, renew, or restore the certification. The Department may also seek to impose administrative, civil, or criminal penalties under D.C. Law-221. Finally, I understand that under D.C. Official Code § 22-2405, any person convicted of making false statements shall be fined not more than \$1,000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing directly or indirectly to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

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Signature

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Date

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Printed Name

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL,  
CALL THE INSPECTOR GENERAL ON 1-800-521-1639**

Revised 8/25/05



**DISTRICT OF COLUMBIA  
WORK DISCIPLINE REQUIREMENTS**

***RISK ASSESSOR***

Successfully complete a 16 hour District of Columbia accredited Risk Assessor training course.  
Must have also taken and passed the Inspector Course.  
Pass District of Columbia approved certification Risk Assessor exams.  
Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226(b).  
Complete four (4) hours hands-on instruction.  
Proof of current liability insurance, including professional, environmental, and general liability insurance in an amount sufficient to cover the lead-based paint activity.

Pay appropriate fees.

***LEAD INSPECTOR***

Successfully complete a 24 hour District of Columbia accredited Lead Inspector training course.  
Pass District of Columbia approved certification Lead Inspector exams.  
Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226(b).  
Complete eight (8) hours of hands-on instruction.

Pay appropriate fees.

***SUPERVISOR***

Successfully complete a 32 hour District of Columbia accredited Supervisor's training course.  
Pass District of Columbia approved certification Supervisor's exams.  
Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226(b).  
Complete eight (8) hours of hands-on instruction.

Pay appropriate fees.

***PROJECT DESIGNER***

Successfully complete an 8 hour District of Columbia accredited Project Designer's training course and the 32 hour Supervisor's training course.  
Possess educational and work related experience as delineated by EPA in 40 CFR § 745.226(c).

Pay appropriate fees.

***WORKER***

Successfully complete a 16 hour accredited Lead Worker training course.  
Possess educational and work related experiences as delineated by EPA in 40 CFR § 745.226(c).

Pay appropriate fees.

***EDUCATIONAL/WORK  
EXPERIENCE***

See 40 CFR § 745.226, Certification of Individuals and Firms Engaged in Lead-Based Paint Activities, Target Housing and Child-Occupied Facilities.

***BUSINESS ENTITY***

Attest to only employ appropriately certified employees to conduct lead-based paint activities.  
Attest to follow the work practice standards by EPA in CFR § 745.227 for conducting lead-based paint activities.

Complete and sign the Clean Hands Self-Certification Form.

Pay appropriate fees.



Government of the District of Columbia  
Department of Health – Environmental Health Administration  
Bureau of Hazardous Material and Toxic Substances  
Lead-Based Paint Management Program  
51 N Street, N.E., 3<sup>rd</sup> Floor, Washington, D.C. 20002  
202-535-1934

**CERTIFICATION OF EDUCATION**

Required For Certification of Risk Assessors and Project Designers.

Check the type of certification requested.

RISK ASSESSOR [ ]

PROJECT DESIGNER [ ]

1. NAME: \_\_\_\_\_ 2. MAILING ADDRESS: \_\_\_\_\_  
Last First MI Street  
3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ 4. DATE OF BIRTH: \_\_\_\_\_  
5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 6. BUSINESS NUMBER: ( ) \_\_\_\_\_ 7. FAX: ( ) \_\_\_\_\_  
8. EMAIL ADDRESS: \_\_\_\_\_ 9. EVENING NUMBER: ( ) \_\_\_\_\_ 10. PAGER NUMBER: ( ) \_\_\_\_\_  
11. CELLULAR NUMBER: ( ) \_\_\_\_\_

**HIGHEST LEVEL OF EDUCATION**

(Please note: for INSTITUTION Official academic transcripts or diploma serve as recognized documentation to meet this requirement and must be attached)

11. HIGH SCHOOL [ ] NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_  
12. INSTITUTION [ ] NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

DATE ATTENDED: \_\_\_\_\_ DEGREE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF HEALTH-ENVIRONMENTAL HEALTH ADMINISTRATION**  
**51 N Street, N.E., 3<sup>rd</sup> Floor**  
**Washington, D.C. 20002**

**LEAD-BASED PAINT MANAGEMENT PROGRAM**  
**RELEVANT WORK EXPERIENCE**  
(Attach additional sheets if necessary)

**Required for Certification of Lead Supervisors, Inspectors, Risk Assessors, and Project Designers**

**Instructions: Section A:** To be completed by the applicant.

**Section B:** To be completed by a person familiar with the work experience of the applicant (may be a current or former supervisor).

**Section A**

1. Name: \_\_\_\_\_  
First Middle Last Title
2. Home Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_
3. Telephone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Beeper/Cellular
4. E-mail address: \_\_\_\_\_
5. Check the one type of certification you are requesting.  
☐ Lead Project Designer ☐ Lead Inspector  
☐ Lead Supervisor ☐ Lead Risk Assessor

1. I authorize (name) \_\_\_\_\_ (address) \_\_\_\_\_ to furnish the information requested in Section B.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B**

Name of Individual Reference: \_\_\_\_\_ Company/Business: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Dates of Experience: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Describe the specific type of relevant work (with which you are familiar) performed by the applicant named in Section A.

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Reference signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_





Government of the District of Columbia  
Department of Health – Environmental Health Administration  
Bureau of Hazardous Material and Toxic Substances  
Lead-Based Paint Management Program  
51 N Street, N.E., 3<sup>rd</sup> Floor, Washington, D.C. 20002  
202-535-1934

**APPLICATION FOR LEAD-BASED PAINT BUSINESS ENTITY CERTIFICATION**

<b>FOR OFFICE USE ONLY:</b> Date Received _____	Amount Received \$ _____	Check Number _____	LBPMP Certification Number _____
Authorized Signature and Date Processed _____			

**APPLICATION STATUS (Check only one)**

**FEE = \$300.00/each Year**  
**\*\*returned check fee: \$65.00**

<b>1. NEW/INITIAL APPLICATION</b> [ ]	<b>RENEWAL</b> [ ] <b>OR REPLACEMENT</b> [ ]	<b>RECIPROCITY</b> [ ] <b>State:</b> _____
	<b>D.C. Certification No.</b> _____	<b>State Certification/license No.</b> _____
	<b>Expiration Date</b> _____	<b>Expiration Date</b> _____

**COMPANY/BUSINESS INFORMATION**

**2. BUSINESS NAME** \_\_\_\_\_

**3. FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER** \_\_\_\_\_

**4. STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**5. TELEPHONE NUMBERS** \_\_\_\_\_

TELEPHONE	FACSIMILE	BEEPER/PAGER/CELLULAR
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**6. E-MAIL ADDRESS** \_\_\_\_\_

PAGE 2  
APPLICATION FOR LEAD-BASED PAINT BUSINESS ENTITY CERIFICATION

7. TYPE OF BUSINESS (select only one)

Sole Proprietorship <input type="checkbox"/>	Association <input type="checkbox"/>	Government Agency <input type="checkbox"/>	International <input type="checkbox"/>
General Partnership <input type="checkbox"/>	Professional Corporation <input type="checkbox"/>	Federal <input type="checkbox"/>	Organization <input type="checkbox"/>
Limited Partnership <input type="checkbox"/>	Limited liability Company <input type="checkbox"/>	District <input type="checkbox"/>	Embassy <input type="checkbox"/>
Corporation <input type="checkbox"/>	Non Profit <input type="checkbox"/>		Other (specify) _____

8. TYPES OF LEAD-BASED PAINT AND RELATED ACTIVITIES CONDUCTED BY YOUR COMPANY/BUSINESS ENTITY:

Abatement <input type="checkbox"/>	Inspections <input type="checkbox"/>	Project Designs <input type="checkbox"/>	Clearance Testing <input type="checkbox"/>
Demolition <input type="checkbox"/>	Risk Assessments <input type="checkbox"/>	Renovation/Remodeling <input type="checkbox"/>	Other _____ Specify

9. Please attach a copy of the D.C. Radioactive Material Certificate issued for any XRF equipment used in your work (contact the Radiation Protection Division at (202) 535-2320 for further information or registration requirements). Please indicate N/A if not applicable \_\_\_\_\_.

10. NAME AND TITLE OF COMPANY OFFICIALS

_____ NAME	_____ TITLE	_____ NAME	_____ TITLE
_____ NAME	_____ TITLE	_____ NAME	_____ TITLE

11. Has any federal, state or local jurisdiction ever revoked, suspended, modified, or proposed to revoke, suspend, or modify any relevant permit, license, certification or approval your company has held or currently holds, or has any penalty or fine been assessed against your company or business for failure to comply with the laws and regulations governing lead-based paint activities?

NO ☐

YES ☐

If you answered, "YES" to the above question, you **MUST** provide a detailed statement to fully explain the circumstance. This statement then must be attached to this application.

12. Please complete and sign the Clean Hands Self-Certification Form and attach it to this Application.

### 13. AFFIDAVIT

The information that I have provided in this “Application for Lead-Based Paint Business Entity Certification” is true, accurate, and complete to the best of my knowledge. I certify that I am authorized to sign this application on behalf of the persons listed in this application as the owners, partners, shareholders, officers, and directors of the company that is applying for certification.

I understand that my application is subject to verification, and I agree to provide any additional documentation required to review that application. I also understand that outside sources may be contacted for purposes of verifying the information contained in this application, and I hereby give permission for the disclosure of any information that may be needed to determine the validity of the information that I have provided and/or to determine to eligibility for certification. I understand that failure to provide full disclosure of any requested information that may be needed to determine the validity of this application or eligibility for certification may result in the rejection of this application. I also understand that completion of this application does not guarantee certification in the District of Columbia.

Further, I understand that if the Department finds that I have made a false statement or misrepresentation material to the issuance, modification, or renewal of a certification, the Department may, after notice and opportunity for hearing, suspend, revoke, modify, or refuse to issue, renew, or restore a certification. The Department may also seek to impose administrative, civil, or criminal penalties under D.C. Law-221. Finally, I understand that under D.C. Official Code § 22-2405, any person convicted of making false statements shall be fined not more than \$1,000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing directly or indirectly to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

\_\_\_\_\_  
Signature of Attesting Individual

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_





**Government of the District of Columbia**  
**Department of Health**  
**Environmental Health Administration**



**CLEAN HANDS SELF-CERTIFICATION FORM**

TO THE APPLICANT: Please read this form carefully and completely before signing. The District Government shall not issue or reissue any license or permit if the applicant owes more than \$100 in outstanding debt to the District of Columbia. A false statement on this certification requires that the Department of Health, Environmental Health Administration, proceed immediately to revoke the license or permit for which you are now applying and fine you \$1,000. This certification form is required to be completed and submitted with any application for a license, certification, and/or permit or renewal by the "Clean Hands Before Receiving a License or Permit Act of 1996," effective May 11, 1996, as amended (D.C. Law 11-118, D.C. Official Code §§ 47-2861 et seq.).

I, \_\_\_\_\_, as \_\_\_\_\_ certify that \_\_\_\_\_  
(Name) (Owner/partner/corporate officer) (Business name)

trading as \_\_\_\_\_ at \_\_\_\_\_ using business tax number \_\_\_\_\_,  
(Trade name) (Business address) (FEIN/SSN)

As of the date below, does not owe more than more than one hundred dollars (\$100) to the District of Columbia Government as a result of:

1. Fines, penalties, or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986, as amended (D.C. Law 6-100; D.C. Official Code §§ 8-801 et seq.);
2. Fines, penalties, or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective November 20, 1983, as amended (D.C. Law 10-62; D.C. Official Code §§ 9-901 et seq.);
3. Fines, penalties, or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986, as amended (D.C. Law 6-42; D.C. Official Code §§ 2-1801.01 et seq.);
4. Past due District of Columbia taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines, penalties, or interest assessed pursuant to Traffic Adjudication Act, Title 50, Chapter 23, of the D.C. Official Code.

I understand that a signed and dated *Clean Hands Self-Certification Form* is required as documentation to accompany my application for a license, license endorsement, certification, and/or permit. I understand that by completing and submitting this form, I am not guaranteed that my license, certification, or permit will be approved.

I understand that the Department of Health and/or the Department of Consumer and Regulatory Affairs may conduct an investigation to ascertain the veracity of the information contained in this *Clean Hands Self-Certification Form*.

I understand that if I knowingly provide false information on this *Clean Hands Self-Certification Form*, the Department of Health, Environmental Health Administration, will proceed immediately to revoke each license, certification, or permit for which I am applying, and to fine me one thousand dollars (\$1,000).

\_\_\_\_\_  
SIGNATURE OF APPLICANT and TITLE

\_\_\_\_\_  
FEN/SSN

\_\_\_\_\_  
DATE

***For assistance with this form, please call (202) 535-1934***

(Rev June 2005)